## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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PREV PAID ISSUE FER

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SMALL ENTITY

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ISSUE FEE DUE

\$700

ART UNIT

3767

Kolisch Hartwell P.C. 520 S.W. Yamhill Street, Suite 200 Portland, Oregon 97204

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I hereby certify that this Fee Transmittal is being electronically submitted via the USPTO's electronic filing system on May 4, 2007.

Layra Westin	(Depositor's name)
Lama Westen	(Signature)
May 4, 2007	(Date)

TOTAL FEE(S) DUE

\$1000

Kolisch Hartwell, P.C.

DATE DUE

07/25/2007

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 3294 10/756,945 01/13/2004 Sergio Landau BJT 334A

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

or agents OR, alternatively, (2) the name of a single firm (having as a member a

2. For printing on the patent front page, list

(I) the names of up to 3 registered patent attorneys

604-070000

TITLE OF INVENTION: NEEDLE-FREE INJECTION SYSTEM

EXAMINER

APPLN TYPE

nonprovisional

HUH, BENJAMIN

"Fee Address" indication (or "Fee Address" Indication fo PTO:SB/47; Rev 03-02 or more recent) attached. Use of a C Number is required.	rin registered atterney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRIN	TED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, n recordation as set forth in 37 CFR 3.11. Completion of this	o assignce data will appear on the patent. If an assignce is identified below, the document has been filed for form is NOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE Bioject Inc.	(B) RESIDENCE: (CTY' and STATE OR COUNTRY) Tualalin, Oregon
Please check the appropriate assignce category or categories (w	ill not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🚨 Governmen
4a. The following fee(s) are submitted:	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)
Issue Fee	☐ A check is enclosed.
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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overcomment. to Denosit Account Number 11-1540 (chelose an extra copy of this form). Advance Order - # of Copies overpayment, to Deposit Account Number Change in Entity Status (from status indicated above) 🖄 a. Applicant claims SMALL ENTIFY status. Seg 37 CFR 1.27 □ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). NOTE: The Issue Foe and Publication Feet in regime) will not be accepted from anyone other than the applicant; a registered attorney or agent: or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. Date May 4, 2007

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Typed or printed name Peter E. Heuser Registration No. 27,902

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